

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10 / 582339

APPLICANT(S)

*Amendments*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3			2			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			2			
13			1			
14			1			
15	/		/			
16	/		1			
17			2			
18			1			
19			1			
20			1			
21			1			
22			2			
23			2			
24			1			
25			1			
26			1			
27			2			
28			1			
29			1			
30			1			
31			1			
32	1		1			
33			1			
34			2			
35			1			
36			1			
37			1			
38			1			
39			1			
40			2			
41	1		1			
42	1		2			
43	1		2			
44	1		2			
45	1		1			
46	1		1			
47	1		2			
48	1		2			
49	1		1			
50	1		1			
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	53	←	70	←		←
TOTAL CLAIMS	55		72			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1		1	
52			1		1	
53			1		1	
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						